

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08823

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County TalbotCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 12 days

Hospital, institution, or street address where death occurred:

Memorial Hosp.How long in hospital or institution? 12 days

## 3. (a) FULL NAME

Mrs. Julia Ball

## 3. (b) Social Security Number

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife Mr. Daniel Ball6. (c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) Jan. 10, 18788. AGE: Years 70 Months 6 Days 21 If less than one day  
..... hrs. .... min.9. Birthplace Baltimore  
(Town, county, and state)10. Usual occupation N.W.

11. Industry or business

12. Name James L. Weeks13. Birthplace Missouri14. Maiden name Agnes M. Peier15. Birthplace Missouri16. Informant Mr. Daniel BallAddress Neavitt Md17. Brain Date thereof Aug 3, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory CemeteryLocation Neavitt Md18. Funeral director Newman & HarrisonAddress St. Michael's Md19. 8/2 19 48 N. H. Neer

(Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County TalbotCity or town Neavitt  
(If outside city or town limits, write RURAL and give nearest town)Street No. ....  
(If rural, give LOCATION)

2. (a) If veteran, name war.

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 1 19 48 at 10:05 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

20 July 19 48 to 1 Aug 19 48  
and that I last saw him alive on 1 Aug 19 48Immediate cause of death Brain also for reasons in

DURATION

3 days

Due to

Due to

Other conditions Hypertensive cardio-vascular  
disorder - bilateral cerebral vascular  
(Include pregnancy within 3 months previous)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: if death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

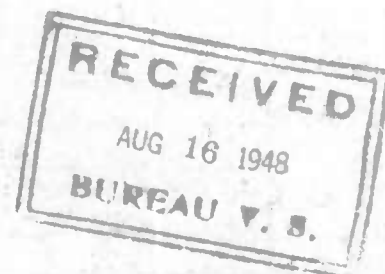
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

James L. Weeks M.D.  
Carter, Mary Land Date signed 3 Aug 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton, Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long above place of death? 1 hr 50 min  
 Hospital, institution, or street address where death occurred:  
Memorial Hosp  
 How long in hospital or institution? 1 hr 50 min

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Baby Boy Breeding

## 3. (b) Social Security Number

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## 6. (b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Aug 22, 1948 . 1:10 AM EDT

## 6. (c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

If less than one day

1 hrs. 50 min.

## 9. Birthplace

Easton, Talbot Co., Maryland  
(Town, county, and state)

## 10. Usual occupation

## 11. Industry or business

MOTHER FATHER

## 12. Name

## 13. Birthplace

## 14. Maiden name

## 15. Birthplace

## 16. Informant

## Address

## 17.

(Burial, cremation, or removal. Which?)

## Date thereof

(Month) (Day) (Year)

## Cemetery or crematory

## Location

## 18. Funeral director

## Address

## 19.

(Date rec'd by registrar)

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Aug 221948at 3:05 PM

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/221948to 8/22/481948and that I last saw him alive on 8/221948

Immediate cause of death premature separation  
membranes with premature delivery  
(pregnancy 27 2/3 weeks.)

## DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

## 23. SIGNATURE

Dr Paul Throth MD

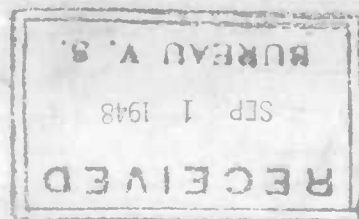
M. D. or other

Address

Easton Md

Date signed

8/22/48



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

### 1. PLACE OF DEATH:

County Talbot  
City or town Rural, Mc. Daniel  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 15 yrs.  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Talbot  
City or town Rural, Mc. Daniel.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war

### 3. (a) FULL NAME

### 3. (b) Social Security Number

Flora V. Bridges  
4. Sex female 5. Color or race white 6. (a) Single, married, or divorced married  
6. (b) Name of husband or wife T. Bartlett Bridges

7. Birth date of deceased (mo., day, yr.) Nov. 16, 1898 6. (c) If alive, give age 55 years

8. AGE: Years 49 Months 8 Days 27 If less than one day  
.....hrs. ....min.

9. Birthplace Bozman, Talbot Co., Md.  
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

12. Name Frank C. Valliant

13. Birthplace Bozman, Talbot Co., Md.

14. Maiden name Rosa E. Jones

15. Birthplace Bozman, Talbot Co., Md.

16. Informant T. Bartlett Bridges

Address Mc. Daniel, Talbot Co., Md.

17. Burial Date thereof Aug. 14, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Bozman Cemetery

Location Bozman, Talbot Co., Md.

18. Funeral director Newnam & Harrison

Address St. Michaels, Maryland

19. Aug 19 19 48 G. Wesley Sessell  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 19 48 at

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from June 10 19 48 to Aug 12 19 48 and that I last saw him alive on Aug 1 19 48

Immediate cause of death Sarcoma internal DURATION 3 yrs

Due to Small tumor removed from each breast; large one from side of neck

Due to Sarcoma rapid metastases 4/25/48

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

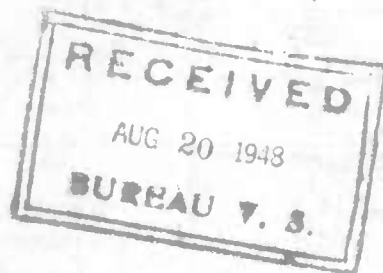
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. Wesley Sessell M. D. or other

Address Talbot Co., Md. Date signed Aug 31 1948



RECEIVED

AUG 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. <sup>in correct age</sup> is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 291

## 1. PLACE OF DEATH:

County Talbot  
 City or town St. Michaels  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 65 yrs.  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Talbot  
 City or town St. Michaels  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Joseph J. Carey

## 3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Daisy C. Carey  
 6.(c) If alive, give age 70 years  
 7. Birth date of deceased (mo., day, yr.) Jan. 17, 1869  
 8. AGE: Years 79 Months 7 Days 8 If less than one day  
 hrs. min.

9. Birthplace Centreville, Queen Anne Co., Md.  
 (Town, county, and state)

10. Usual occupation Carpenter

## 11. Industry or business

FATHER 12. Name Thomas E. Carey  
 13. Birthplace Queen Anne Co., Md.  
 MOTHER 14. Maiden name Annie M. Price  
 15. Birthplace Miles River Neck, Md.

16. Informant Mrs. Joseph J. Carey  
 Address St. Michaels, Md.

17. Burial Date thereof Aug 27, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery  
 Location Olivet, St. Michaels, Md.

18. Funeral director Newnam & Harrison  
 Address St. Michaels, Md.

19. Aug 27 1948 Miss Betty R. Suk  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 25, 1948 at one P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
August 1, 1948, to Aug 25, 1948  
 and that I last saw him alive on Aug 25, 1948

Immediate cause of death acute pneumonia DURATION

Due to chronic nephritis

Due to

Other conditions advanced arterio-sclerosis  
 (Include pregnancy within 3 months of death)

Major findings of operations. Date of op.

Autopsy results.  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

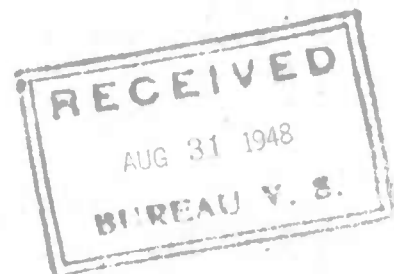
22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE S. O'Henry Wilton M.D.  
St. Michaels, Md. M. D. or other  
 Address. Date signed Aug 27, 1948





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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Diat. No. 290

08667

157e

1. PLACE OF DEATH: Garrett County  
 County Garrett, Md.  
 City or town Garrett, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 8 days  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 8 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot Caroline  
 City or town Garrett, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME Mr. Clayton  
Baker Bay Christopher

3. (b) Social Security Number \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife \_\_\_\_\_

7. Birth date of deceased (mo., day, yr.) August 14, 1948 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days 8 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Garrett, Talbot, Maryland  
 (Town, county, and state)  
none

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER 12. Name Mr. Dorsey Christopher  
Preston, Md.

13. Birthplace Preston, Md.14. Maiden name Wendy Coleman15. Birthplace Preston, Md.16. Informant Mr. Dorsey ChristopherAddress Preston, Md.

17. Burial Date thereof Aug. 24/48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Spring Hill CemeteryLocation Garrett, Md.18. Funeral director Garrett, Md.Address Garrett, Md.

19. 8/23 19 48 N.D. Reiver  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug 22 19 48, at 9 30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-14 19 48, to 8-22 19 48

and that I last saw him alive on 8-22 19 48

Immediate cause of death \_\_\_\_\_ DURATION

Coronary heart disease 8da

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Autopsy results Confirmed diagnosis Date of op. \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE P. C. M. D. M. D. or other \_\_\_\_\_

Address Garrett, Md. Date signed \_\_\_\_\_

RECEIVED

SEP 6 1948

BUREAU V. S.

## Reg. Diat. No. 270

Address. 14544 Quaker Rd Date signed 8-20

VS A15

PLEASE WRITE PLAINLY, WITH **FADING INK**. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 26 1948

BUREAU V. S.

1948  
-29-  
1948

08669

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 292

## 1. PLACE OF DEATH:

County Talbot CountyCity or town Trappe Md (rural)  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution? none

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County TalbotCity or town Trappe (rural)  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Lourena Cole

## 3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widow6.(b) Name of husband or wife Charles Cole7. Birth date of deceased (mo., day, yr.) Dead 6.(c) If alive, give age 82 years8. AGE: Years 87 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Talbot County  
(Town, county, and state)10. Usual occupation none11. Industry or business none12. Name Nathaniel Hopkins13. Birthplace Talbot County14. Maiden name Caroline Adams15. Birthplace Maryland16. Informant Helen ChesterAddress Trappe R. F. D. - 217. Trappe Date thereof August 27  
(Burial, cremation or removal, Which?) (month) (day) (year)Cemetery or crematory Trappe MdLocation Trappe (rural) Md18. Funeral director Elvis H. BaynumAddress Cambridge, Md.19. Joe LaRocca 19. Aug 28 Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 27 19. 48 at 5:30 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 27 19. 48 to Aug 27 19. 48and that I last saw h. alive on Aug 27 19. 48Immediate cause of death Acute myocardialDue to ArteriosclerosisDue to 18

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

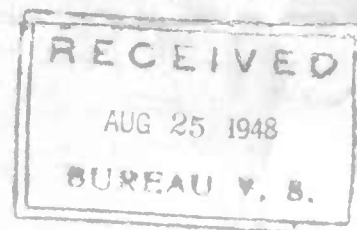
23. SIGNATURE Joe LaRocca M. D. of Trappe Md Date signed 9/3/48

MARGIN RESERVED FOR BINDING

VS A15 9:45:15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 25 hrs.  
 Hospital, institution, or street address where death occurred:  
Memorial Hospital  
 How long in hospital or institution? 24 days

## 3. (a) FULL NAME

Baby Girl Dixon

4. Sex Female 5. Color or race Negro 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife —

7. Birth date of deceased (mo., day, yr.) July 14, 1948 6. (c) If alive, give age — years

8. AGE: Years Months Days If less than one day  
25 hrs. min.

9. Birthplace Gaston, Talbot County, Maryland  
 (Town, county, and state)

10. Usual occupation Infant

11. Industry or business —

12. Name John Dixon

13. Birthplace NEW YORK

14. Maiden name Dorothea Conyer

15. Birthplace CENTREVILLE, MARYLAND

16. Informant Memorial Hospital records

Address Easton Md.

17. Burial Date thereof Aug 10-48  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Centreville Md.

18. Funeral director Samuel A. Henry

Address Centreville Md.

19. 8/8 19 48 N.H. Newlin  
 (Date rec'd by registrar) Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Queen Anne's  
 City or town Centreville, Maryland  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. —  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war — ✓

Cynthia Dixon

3. (b) Social Security Number —

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 8-1948 19 48 at 5:10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 14 19 48 to Aug 8 19 48 and that I last saw him alive on 8/7/48

Immediate cause of death Aspiration pneumonia DURATION 24 hrs.

Due to Prematurity (26 weeks)  
(97.5 hours)

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

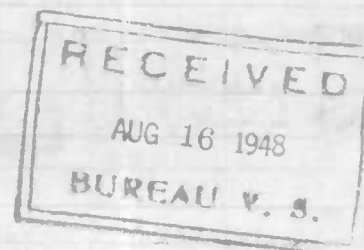
Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE J. T. Baker M.D.

Easton M. D. or other —

Address — Date signed 8-10-48





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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

## 1. PLACE OF DEATH:

County Talbot  
 City or town Wittman  
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Talbot  
 City or town Wittman  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
 (If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3.(a) FULL NAME

George A. Harrison

## 3.(b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

male white widower

6.(b) Name of husband or wife Fannie Harrison

7. Birth date of deceased (mo., day, yr.) January 21, 1864  
 6.(c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 84 Months 6 Days 23 It less than one day  
 \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Wittman, Talbot County, Md.  
 (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business

12. Name Levi P. Harrison13. Birthplace Wittman, Talbot Co., Md.14. Maiden name Mary Ellen Jones15. Birthplace Wittman, Talbot Co., Md.16. Informant Ernest HarrisonAddress Wittman, Maryland

17. Cemetery Date thereof August 16, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Shell Point, Wittman, Md.Location Wittman, Md.18. Funeral director Newnam & HarrisonAddress Wittman, Md.19. Aug 18 19 48 G. Wesley Sewell

(Date read by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 12 19 48 at 6P M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

\_\_\_\_\_ 19 37 Aug 12 19 48  
 and that I last saw him alive on Aug 12 19 48

Immediate cause of death Cerebral AneurysmDue to arteriosclerosis

Other conditions \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

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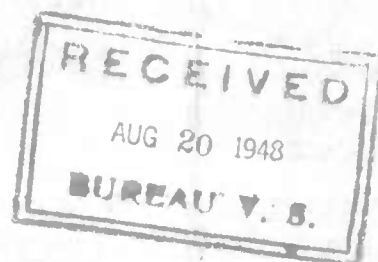
Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_

Other conditions \_\_\_\_\_



RECEIVED

AUG 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

50

Reg. Diat. No. 290

## 1. PLACE OF DEATH:

County Prince GeorgesCity or town Easton  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Herbert's Convalescent Home

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. County D.C.City or town Washington, D.C.  
(If outside city or town limits, write RURAL and give nearest town)Street No. 7  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

MARIA LOUISE HIGGINS

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Single

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 19 48, at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

5/21/1948 to 8/27/1948  
and that I last saw him alive on 8/25/1948

Immediate cause of death

DURATION

Metastatic carcinoma2 yrs

Due to

Carcinoma of breast3 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. L. M. D.  
Easton MdAddress Easton Md Date signed 8/27/48

## 8. AGE: Years Months Days If less than one day

65 6 13 hrs. min.

## 9. Birthplace

Prince Georges County  
(Town, county, and state)

## 10. Usual occupation

None

## 11. Industry or business

William Higgins

## 12. Name

Wd.

## 13. Birthplace

Louise F. Knotts

## 14. Maiden name

Wd.

## 15. Birthplace

Herbert Knotts

## 16. Informant

Easton, Md.

## 17. Address

Burial

## 18. Date thereof

Aug. 30/48

## (Burial, cremation, or removal, which?)

(month) (day) (year)

## Cemetery or crematory

Spring Hill

## Location

Easton, Md.

## 18. Funeral director

F. Ellis Clark

## Address

Easton, Md.

## 19. Date rec'd by registrar

8/28 19 48

## Registrar

N.H. Perrier



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 294

## 1. PLACE OF DEATH:

County Talbot  
 City or town Wittman  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Talbot  
 City or town Wittman  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.  
 (If rural, give LOCATION)  
 2(a) If veteran, name war

## 3. (a) FULL NAME

Ada M. JacksonAda M. Jackson

## 3. (b) Social Security Number

218-05-8346

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow  
 6. (b) Name of husband or wife  
 6. (c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) August 8, 1870  
 8. AGE: Years 78 Months - Days 19 If less than one day ..... hrs. .... min.

9. Birthplace Wittman, Talbot Co., Md.  
 (Town, county, and state)  
 10. Usual occupation Housewife  
 11. Industry or business

FATHER 12. Name Edward Jackson  
 13. Birthplace Talbot Co., Md.  
 MOTHER 14. Maiden name Elizabeth Jones  
 15. Birthplace Wittman, Talbot Co., Md.

16. Informant George L. Jackson  
 Address Wittman Talbot Co., Md.

17. Burial Date thereof Aug. 30, 1948  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory Olivet Cemetery  
 Location St. Michaels, Talbot Co., Md.

18. Funeral director Newnam & Harrison  
 Address St. Michaels, Md.

19. Aug. 28 1948 G. Wesley Russell  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1948 7:35P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
Sept. 17, 1947 1948 to Aug. 27 1948  
 and that I last saw him or alive on August 27 1948

Immediate cause of death Hypostatic Pneumonia DURATION 36 hr

Due to Cerebral Hemorrhage 96 hrs  
with Right hemiplegia 72

Due to Hypertensive cardio-vascular  
renal disease with arterio-  
sclerosis ?

Other conditions Cardiac hypertrophy ?  
Mitral stenosis & insufficiency ?  
 (Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of .....  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of Injury Injured at work?

23. SIGNATURE Arthur J. Michaelson, M.D. M. D. or other 8/27/48  
St. Michaels, Md. Address..... Date signed.....

RECEIVED

SEP 7 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 1191

### 1. PLACE OF DEATH:

County Talbot  
City or town Skipton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 2 weeks  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Talbot  
City or town Fairbank, Talbot Co., Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2. (a) If veteran, name war.

### 3. (a) FULL NAME

Anna T. Kapisak

### 3. (b) Social Security Number

none

4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced widow  
6. (b) Name of husband or wife Paul Kapisak  
6. (c) If alive, give age..... years  
7. Birth date of deceased (mo., day, yr.) June 19, 1868  
8. AGE: Years 80 Months 2 Days 2 If less than one day  
..... hrs. .... min.

9. Birthplace Germany  
(Town, county, and state)  
10. Usual occupation House wife  
11. Industry or business  
12. Name Frank Novack  
13. Birthplace Germany  
14. Maiden name unknown  
15. Birthplace unknown

16. Informant John P. Kapisak  
Address Fairbank, Talbot Co., Md.  
17. Burial Date thereof Aug. 24, 1948  
(Burial, cremation, or removal, Which?) (month) (day) (year)  
Cemetery or crematory Cemetery  
Location Tilghman, Talbot Co., Md.  
18. Funeral director Newnam & Harrison  
Address St. Michaels, Md.

19. Aug 24 1948 Mrs. Robert R. Seck  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 21/ 1948 at 3:30 A. M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
..... 19..... to ..... 19.....  
and that I last saw him..... alive on ..... 19.....

Immediate cause of death coronary occlusion DURATION unmed.  
Generalized arteriosclerosis years  
Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op. ....  
Autopsy results.....  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

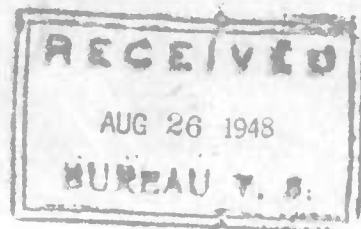
22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide..... Date of .....  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE Louis M. M. D. M.D.  
Address ..... Date signed 8-27-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.





## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 3 days  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Talbot  
 City or town Easton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Park  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

William Charles Potter

## 3. (b) Social Security Number

4. Sex m 5. Color or race col'd 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug. 3, 1948 6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day  
3 hrs. min.

9. Birthplace Easton Talbot Md.  
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name William Clarence Potter

13. Birthplace Talbot County

14. Maiden name Virgie May Wilson

15. Birthplace Talbot County

16. Informant William Clarence Potter

Address Easton, Md.

17. Burial Date thereof Aug 6, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Dryden

Location Talbot County

18. Funeral director Leon W. Newmy

Address 310 South St. Easton, Md.

19. 8/5 19 48 N.H. Newmy  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6 19 48 at C4A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death

Pulmonary atelectasis DURATION 3 days

Due to Prech presentation

Due to in primipara

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Levin O. Harty, M.D. M. D. or other

Address Easton Md Date signed 8-10-48

RECEIVED

AUG 16 1943

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 292

## 1. PLACE OF DEATH:

County... Talbot  
 City or town... Drappe  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? About 12 years  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State... MD County... Talbot  
 City or town... Drappe  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Oren B. Rice

## 3. (b) Social Security Number

None

4. Sex Male 5. Color or race white 6.(c) Single, married, widowed, or divorced married  
 6.(b) Name of husband or wife Anna S. Rice  
 6.(c) If alive, give age 69 years  
 7. Birth date of deceased (mo., day, yr.) Sept. 10, 1872  
 8. AGE: Years 75 Months 11 Days 21 If less than one day  
 ...hrs. ...min.

9. Birthplace Ludington Michigan  
 (Town, county, and state)  
 10. Usual occupation Minister  
 11. Industry or business

MOTHER FATHER  
 12. Name Oren B. Rice  
 13. Birthplace New York State  
 14. Maiden name Lucky M. Chesler  
 15. Birthplace N. York State

16. Informant Mrs. Oren B. Rice  
 Address Drappe, Md.

17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof Sept. 21, 1948  
 (month) (day) (year)  
 Cemetery or crematory Spring Hill  
 Location Easton Md.

18. Funeral director Maurice H. Newman, Son  
 Address Easton, Md.

19. Sept 1st 1948 Joseph L. Com  
 (Date rec'd by registrar) (Signature) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 31, 19 48, at 4 A. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 43, to Aug. 19 48,  
 and that I last saw him alive on August 21st 19 48  
 Immediate cause of death Coronary thrombosis  
 DURATION 7 yrs.  
 Due to Arterio Sclerosis 5 yrs.  
& Hypertension  
 Due to  
 Other conditions  
 (Include pregnancy within 3 months of death)

Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide. Date of  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?  
 23. SIGNATURE William S. Seymour  
Easton M. D. or other  
 Date signed 9/1/48

RECEIVED

SEP 3 1943

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County Prince GeorgesCity or town Rural Eastern  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Prince GeorgesCity or town Rural Eastern MD  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_

(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Margaret Robinson

## 3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Avery Robinson7. Birth date of deceased (mo., day, yr.) Sept. 10, 1897 6. (c) If alive, give age 57 years8. AGE: Years 50 Months 11 Days 14 less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Offord, Maryland  
(Town/county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name James B. Shattuck13. Birthplace Delaware14. Maiden name Agnes Connelley15. Birthplace MD16. Informant Avery RobinsonAddress Prince Georges, Maryland17. Burial Date thereof Aug. 27, 1948  
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory Spring HillLocation Eastern MD18. Funeral director Walter CookAddress Eastern MD19. 8/25 19 48 N. H. Nemes  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 19 48 at 2:30 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 47 to 8/24/1948  
and that I last saw him alive on 8/24/1948 19 48Immediate cause of death metastatic carcinoma DURATION 2 yrsDue to Carcinoma left ovary 2 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Abdominal  
carcinoma Date of op. March 1947

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Dr. Cox M. D. or otherAddress Eastern MD Date signed 8/25/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 6 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH  
County Talbot  
City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 5 hrs. 30 min.  
Hospital, institution, or street address where death occurred:  
Memorial Hospital  
How long in hospital or institution? 5 hrs. 30 min.

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State Maryland County Talbot  
City or town Easton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. \_\_\_\_\_  
(If rural, give LOCATION)  
2.(a) If veteran, name war \_\_\_\_\_

3. (a) FULL NAME Rose Violet Smith, Violet Rose

3. (b) Social Security Number

4. Sex Female 5. Color or race W. 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Myrl Smith

7. Birth date of deceased (mo., day, yr.) Dec 3, 1899 6. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 48 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Michigan  
(Town, county, and state)

10. Usual occupation H.W.

11. Industry or business

12. Name William E. Roe

13. Birthplace Canada

14. Maiden name Blanche Wells

15. Birthplace Michigan

16. Informant Mr. Myrl Smith

Address Easton, Md

17. Burial Date thereof Aug 16, 1948  
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Paul

Location Woods, name

18. Funeral director R. H. Galt

Address Easton, Md

19. 8/15 19 48 N. H. Neer  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 19 48 at 11:05 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1947 to August 1948 and that I last saw him alive on August 14 19 48

Immediate cause of death Cerebrovascular Accident 5 hrs

Due to Hypertension 20 yrs

Due to \_\_\_\_\_

Other conditions Chronic nephritis

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE M. V. Palmer M.D. M. D. or other

Address Easton, Md Date signed 8/14/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply all item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 26 1948

BUREAU V. S.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 290

## 1. PLACE OF DEATH:

County: DorchesterCity or town: Easton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 14 days

Hospital, institution, or street address where death occurred:

Memorial HospitalHow long in hospital or institution? 14 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Massachusetts County: FitchburgCity or town: Cambridge  
(If outside city or town limits, write RURAL and give nearest town)Street No. 113 Muse St.  
(If rural, give LOCATION)

2.(a) If veteran, name war

## 3. (a) FULL NAME

Warren Stephens

## 3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced SEPARATED

6. (b) Name of husband or wife

6. (c) If alive, give age \_\_\_\_\_ years  
7. Birth date of deceased (mo., day, yr.) Sept 3, 18758. AGE: Years 28 Months 12 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.9. Birthplace Dorchester County  
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Henry Stephens13. Birthplace Dorchester County14. Maiden name Isabelle Thomas15. Birthplace Dorchester County16. Informant Henry StephensAddress Cambridge Ind. (220 High St)17. (Burial, cremation, or removal, Which?) burial Date thereof 8/14/48  
(month) (day) (year)Cemetery or crematory CalvaryLocation St. Louis18. Funeral director CalvaryAddress Calvary19. 8/14/48 19 48 N.H. Meritt  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 19 48 at 11 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 31 19 48 to Aug 13 19 48and that I last saw him alive on August 13 19 48Immediate cause of death Metastatic Carcinoma of liver DURATION ?Due to ?Due to ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. A. Noble M. D. or otherAddress Easton Ind. Date signed 8/27/48

